



Janet T. Mills
Governor

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
OFFICE OF PROFESSIONAL & OCCUPATIONAL REGULATION
BOARD OF COUNSELING PROFESSIONALS LICENSURE
76 NORTHERN AVENUE
GARDINER, MAINE 04345

Joan F. Cohen
Commissioner

INTERNSHIP & DEGREE VERIFICATION FORM

Student Information <i>(To be completed by applicant)</i>		
Name:	Student ID Number:	
Verification <i>(The rest of this form must be completed by the graduate educational institution)</i>		
Degree		
Institution Name:	Date of Graduation:	
Degree Awarded:	Degree Concentration:	
Program:	CACREP-Accredited Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Accreditation (if applicable):		
Internship		
Was the internship experience clinical in counseling activities, setting and supervisor? <i>"Clinical" is defined as the diagnosis and treatment of mental health disorders</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
Dates of Internship:	Direct Client Contact Hours:	Total Contact Hours:
Verifier Information		
Name:	Date:	
Department:	Title:	
Signature:		